



POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TA	32	10-30-00
O.I.P.E. CLASSIFIER		827	11/15
FORMALITY REVIEW	ESL		10-4-00
RESPONSE FORMALITY REVIEW	MD	SC911	08/19/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
— (Through numeral) Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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